

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 14 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jefferson Co Mo
 Township Rock
 City Arnold Mo (No. Arnold Mo)

Registration District No. 423Primary Registration District No. 5578File No. 29817Registered No. 31

St. _____ Ward _____

2. FULL NAME William F. Lehman(a) Residence, No. Arnold Mo St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Louise Lehman
 (OR) WIFE OF (OB) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 3/1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
40 9 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. He worked
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo13. NAME Frederick Lehman14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Hanna Heller16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) Louise Lehman
Arnold Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Missouri Buried DATE Aug 8 3119. UNDERTAKER (ADDRESS) Frederick Lehman
2623 Cherokee St20. FILED AUG 6 1934 Phil Kirk Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 5 3422. I HEREBY CERTIFY, That I attended deceased from Jan 1933 to Aug 5 1934Last saw him alive on Aug 5 1934 Death is saidto have occurred on the date stated above, 10:00 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary Tuberculosis
(Far advanced)
23

Other contributory causes of importance:

Fall from left lung
22

Name of operation _____ Date of _____

What test confirmed diagnosis? C-ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) D. F. Reich M. D.(Address) St. Louis Mo

